

new recommendations advocate.

Lastly, we wish to reiterate that on these issues the guidelines are dynamic and changing with the availability of new evidences (like NACO and Newer WHO guidelines). The current guidelines have been proposed keeping the Indian context in mind. We would like to re-emphasize that these guidelines do not provide all of the answers but suggest the general course of action that everyone needs to undertake in our day to day practices to improve child nutrition in the Indian subcontinent.

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Rasburicase for Hyperuricemia in an Extremely Low Birth Weight Infant

The frequency of acute renal failure in very low birth weight infants is 6-8% in neonatal intensive care units [1]. Hyperuricemia is a frequent observation in these infants. Few reports have described successful use of rasburicase in infants and neonates for hyperuricemia in different indications [2-4]. A preterm baby with a gestational age of 26 weeks and a birthweight of 780 g was born by vaginal delivery to a 24 year old mother. She had clinical sepsis on 3rd postnatal day, associated with oliguria. She had scleredema, anemia, low platelets and hypotension. Antibiotics, inotropic agents, blood transfusion and intravenous immunoglobulin were given for supportive care. Biochemical parameters were as follows, blood urea nitrogen, 45.8 mg/dL; creatinine, 1.97 mg/dL; sodium, 173 mg/dL; potassium 5.9 mg/dL and uric acid 17.2 mg/dL. She developed acute renal failure and hyperuricemia, furosemide infusion started (0.1 mg/kg/hour) and rasburicase was given as a single dose of 0.2 mg/kg intravenous. Twelve hours after administration of rasburicase, uric acid level decreased to 0.55 mg/dL.

Diuresis occurred and vital signs, biochemical parameters (blood urea nitrogen, 23 mg/dL; creatinine, 1.34 mg/dL; sodium, 143 mg/dL, potassium 5.02 mg/dL), and clinical appearance became normal.

This case demonstrates the use of rasburicase for hyperuricemia in an extremely low birth weight infant with acute renal failure. When the excretory capacity of the kidneys has been exceeded, hyperuricemia occurs. In scenarios such as this, and conditions like tumor lysis syndrome aggressive management of electrolyte abnormalities is required in addition to the measures taken to reduce hyperuricemia with rasburicase.

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Survival of a Rabies Patient

A 13-year old girl was bitten by a dog two years ago, grade II bite on right leg. The same dog had also bitten 3 cattle and 2 other persons, subsequently the dog was killed. All the 3 cattle died and 2 other persons received post-exposure prophylaxis and did not have any problems afterwards. However, our patient did not receive any post-exposure prophylaxis and there was no history of receiving rabies vaccine any time in past. The patient was admitted in the Pediatrics ward of our hospital, 2 years after the bite, with the complaints of bodyache, inability to drink and hydrophobia. The patient was a febrile and had stable cardiopulmonary status. She was also experiencing pain in the healed scar at the site of bite. The patient was anxious and apprehensive but alert, with tone and power of muscle being normal, the deep tendon reflexes were brisk. There was no evidence of cranial nerve palsy, focal neurological deficit or signs of meningeal irritation.

There is no specific treatment available for rabies and supportive treatment may prolong survival up to 133 days [1]. Survival from rabies is rare, there are six cases of rabies survival reported in literature [2]. The pathognomonic sign of rabies is hydrophobia. Clinical reports included the hypothesis that death resulted from neuro-transmitter imbalance and autonomic failure, supportive care was predicted to succeed [3].

Our patient became symptomatic after an unusual long incubation of 2 years. Nicholas, *et al.* reported a case of rabies with an incubation period of more than 6.5 years [4]. The Milwaukee protocol has been used in treatment of acute infection of rabies in human beings, the treatment involves putting the patient in to a chemically induced coma and administering antiviral drugs [3]. However, our patient recovered with supportive treatment only, without any residual deficit. The patient was diagnosed rabies clinically on the basis of hydrophobia and confirmed by demonstration of Rabies Antibodies in serum (EIA-1.6 IU/mL).

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